

14 APR 21 AM 10:20

**FEC  
 FORM 3**

**REPORT OF RECEIPTS  
 AND DISBURSEMENTS**  
 For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Grassley Committee Inc.

ADDRESS (number and street)

PO Box 1000

Check if different  
 than previously  
 reported. (ACC)

Des Moines

IA

50304

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00230482

3. IS THIS  
 REPORT

X

NEW  
 (N)

OR

AMENDED  
 (A)

IA

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

X

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the  
 State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the  
 State of

5. Covering Period

M M

D D

Y Y

through

M M

D D

Y Y

01

01

2014

03

31

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dave Watson

Signature of Treasurer

*Dave Watson*

Date

M M

D D

Y Y

04

11

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
 Use  
 Only

**FEC FORM 3**  
 (Revised 02/2003)